U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

_	For Official Park
E	11.12.205 Reserved

1. File Number U - 3/82

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

ing An flat worms.	1 / 1 / 2004 Through: 12 / 31 / 2004
. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name CLINTON J MILLER, I	Name UNITED TRANSPORTATION UNION
	Labor Organization File Number
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any
treet 30.580 TIMBER LANE	Street 14600 DETROIT AVENUE
BAY VILLAGE	City CLEVEUAND
State <i>OHIO</i> ZIP Code + 4 44/40	State 0H10 ZIP Code + 4 44107
Position in labor organization.  GENERAL COUNSEL	
Enter appropriate data below if, during the past fiscal year, you or your sp (except as specified in the exc	ouse or minor child directly or indirectly had any of the following interests
Held an interest in, engaged in transactions (including loans) with, or	r derived income or other economic benefit of
Held an interest in, engaged in transactions (including loans) with, or onetary value from an employer whose employees your organizat	r derived income or other economic benefit of
Held an interest in, engaged in transactions (including loans) with, or onetary value <b>from an employer whose employees your organizations</b> Name and address of Employer (including trade name, if any).	r derived income or other economic benefit of tion represents or is actively seeking to represent.
Held an interest in, engaged in transactions (including loans) with, or onetary value <b>from an employer whose employees your organizat</b> Name and address of Employer (including trade name, if any).	r derived income or other economic benefit of tion represents or is actively seeking to represent.
Held an interest in, engaged in transactions (including loans) with, or onetary value from an employer whose employees your organizate.  Name and address of Employer (including trade name, if any).  Itame  Trade Name, if any:	r derived income or other economic benefit of tion represents or is actively seeking to represent.
Held an interest in, engaged in transactions (including loans) with, or one tary value from an employer whose employees your organizate.  Name and address of Employer (including trade name, if any).  Iname  Iname	r derived income or other economic benefit of tion represents or is actively seeking to represent.
Held an interest in, engaged in transactions (including loans) with, or onetary value from an employer whose employees your organizate.  Name and address of Employer (including trade name, if any).  Name  Frade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	r derived income or other economic benefit of tion represents or is actively seeking to represent.  7.a. Nature of interest, Transaction, or income.
Held an interest in, engaged in transactions (including loans) with, or conetary value from an employer whose employees your organizate.  Name and address of Employer (including trade name, if any).  Name  Frade Name, if any:  2.0. Box, Bldg., Room No., if any  Street	r derived income or other economic benefit of tion represents or is actively seeking to represent.  7.a. Nature of interest, Transaction, or Income.
Held an interest in, engaged in transactions (including loans) with, or nonetary value from an employer whose employees your organizate.  Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  ZIP Code + 4	r derived income or other economic benefit of tion represents or is actively seeking to represent.  7.a. Nature of interest, Transaction, or Income.
A. Held an interest in, engaged in transactions (including loans) with, or nonetary value from an employer whose employees your organizate.  Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Sig  15. Signature and verification. The undersigned declares, under penalty of the signature and verification.	r derived income or other economic benefit of tion represents or is actively seeking to represent.  7.a. Nature of interest, Transaction, or income.  7.b. Amount.  7.b. Amount.

Name of Person Filing	File Number U- 3/0 Z					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
Name and address of Business (including trade name, if any).	9. Business deals with:					
Name	· ·					
Trade Name, if any:	a. Labor Organiz	ation				
P.O. Box, Bldg., Room No., if any	c. Employer					
Street	in the second se					
City						
State ZIP Code + 4						
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dea	iling.	3			
Name			Ana, Add and Friend And And And And And And And And And A			
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street						
City	11.b. Approximate dollar vi					
State ZIP Code + 4	12.a. Nature of interest if	eta oi income received.	A STATE OF THE STA			
			the acest being regions			
			American and American			
	12.b. Amount.					
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.					
Name UNITED HEALTH CARE	2/4/04 60	LF AT MEETIN	J6T			
Trade Name, if any:			data (Communication of Communication of			
P.O. Box, Bldg., Room No., if any Po box 150453			MA CONTRACTOR CONTRACT			
Street 450 COL UMBUS BUVD			Activation of the Control of the Con			
City HART FOR D			As de Commune and Asia			
State CONNECTICUT ZIP Code +4 06/15						
13.b. Is the Business an Employer or Consultant?	14.b. Amount of paymen	nt.	165.00			

Name of Person Filing	File Number U-318 Z				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.				
City State ZiP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.				
C. Received from any employer (other than an employer covered unde					
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name UNITED HEALTH CARE  Trade Name, if any:  P.O. Box, Bldg., Room No., if any PO Box 150453  Street 450 COLUMBUS BUXD  City HART FORD  State CONNECTICUT ZIP Code + 4 COSTS	14.a. Nature of payment.  6/21/04 DINNER FOR SELF AND DAUGHTER (SARAH)  AT REGIONAL MEETING				
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.				

Name of Pelson Filing		File Number U- 3/8	<u>,                                    </u>		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
Name and address of Business (including trade name, if any).	9. Business deals with:				
Name	a. Labor Organiza	tion			
Trade Name, if any:	b. Trust	non			
P.O. Box, Bldg., Room No., if any	c. Employer				
Street					
City State 71P Code + 4					
State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ing.			
Name			Cappingscondidates		
Trade Name, if any:			ng prosessan programme (Andréan		
P.O. Box, Bldg., Room No., if any					
Street	11.b. Approximate dollar va	ue of such dealing.			
City	12.a. Nature of interest he	eld or income received.			
State ZIP Code + 4					
	12.b. Amount.				
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone					
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name JOSEPH GUERRIERI, JR	12/23/04 CHRISTMAS GIFT (STEAKS)				
Trade Name, if any: GUERLIERI EDMOND & CLAYNAN			an canada de de la canada de de la canada de de la canada de de la canada de la can		
P.O. Box, Bldg., Room No., if any SUITE 700			ALCONO POR CONTRACTOR OF CONTR		
Street 1625 MASSACHUSETTS AVE			or promote constitution of the constitution of		
City WASHINGTON			and a second a second and a second a second and a second a second and a second and a second and		
State DC ZIP Code + 4 20036					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment	\$100	9.00		